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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 08/909,001			ing Date 08/1997	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			UMBER FIL	.ED NU	JMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =				x \$ =		1	x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pape 50 (\$125 ional 50 s	fication and drawings exceed 100 aper, the application size fee due 25 for small entity) for each 50 sheets or fraction thereof. See 11(a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If	he difference in coli	ımn 1 is less than	r "0" in column 2.		TOTAL		l	TOTAL			
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMIS HIGHEST THIST THIST THIST THIST											
AMENDMENT	09/17/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 11	Minus	·· 20	= 0	1	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	· 3	Minus	···3	= 0	1	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	=]	x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))		Minus	***	=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))					l	<u> </u>			Ь—	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TOTAL TOTAL ADDI. FEE FEE											
*If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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